



M.A. PROGRAM IN SPIRITUAL PSYCHOLOGY  
WITH AN EMPHASIS IN CONSCIOUSNESS, HEALTH, AND HEALING

**VERIFICATION OF STUDENT DEGREE STATUS**

In service to clarifying your degree status, please review the following and check the applicable option:

- \_\_\_\_\_ I have completed my M.A. in Counseling Psychology and wish to take the CHH program for a 30-quarter unit for-credit certificate. I understand I will keep my degree in Counseling Psychology.
- \_\_\_\_\_ I have completed my M.A. in Spiritual Psychology or Applied Psychology and wish to take CHH for a 30-quarter unit for-credit certificate. I understand I will keep my degree in Spiritual Psychology or Applied Psychology.
- \_\_\_\_\_ I have completed my M.A. in Spiritual Psychology and wish to take CHH for 30 quarter units. I understand I will turn in my Spiritual Psychology degree and receive a new degree that indicates I have earned an M.A. in Spiritual Psychology with an Emphasis in Consciousness, Health, and Healing.
- \_\_\_\_\_ I have completed my M.A. in Applied Psychology and wish to take CHH for 30 quarter units. I understand I will turn in my Applied Psychology degree and receive a new degree that indicates I have earned an M.A. in Spiritual Psychology with an Emphasis in Consciousness, Health, and Healing.
- \_\_\_\_\_ I have completed my M.A. in Spiritual Psychology or Applied Psychology and wish to take CHH as a Certificate of Completion (COC) student. I understand I will receive a COC certificate saying I've completed 250 hours of education in Consciousness, Health, and Healing.
- \_\_\_\_\_ I have completed my program in Spiritual Psychology as a Certificate of Completion (COC) student. I understand I will continue as a COC student and receive a COC certificate saying I've completed 250 hours of education in Consciousness, Health, and Healing.
- \_\_\_\_\_ I have completed my program in Applied Psychology as a Certificate of Completion (COC) student. I understand I will continue as a COC student and receive a COC certificate saying I've completed 250 hours of education in Consciousness, Health, and Healing.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Year of graduation: \_\_\_\_\_

Please return to USM with your completed *Application*. If you have any questions about your current status, please contact Kurt Christiansen, USM Registrar, at (310) 829-7402, ext. 121.